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**REVOCATION OF POWER OF** 

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NEW POWER OF ATTORNEY			First Na	med Inventor	Mitchell Shirvan			
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CHANGE OF CORRESPONDENCE ADDRESS			Examin	er Name	Not Yet Assigned			
		NO STATE OF THE PERSON NAMED IN COLUMN 1	Attorne	y Docket Number	20342/12	0525	6-US2	
I hereby revoke all previous powers of attorney given in the above-identified application.								
A Power of Attorney is submitted herewith.  OR								
X I hereby appoint the practitioners associated with the Customer Number: 07278								
X Please change the correspondence address for the above-identified application to:								
The address associated with Customer Number:			07278					
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I am the:  Applicant/Inventor.								
X Assignee of record of the entire interest. See 37 CFR 3.71.  Statement under 37 CFR 3.73(b) is enclosed. (Form P O/SB/96)								
SIGNATURE of Applicant or Assignee of Record								
Signature	Roman Amades			Pli				
Name	voliningedual Property		Mar	~ \				
Date	25 NOV 2007		/ Alba	Selekor				
NOTE: Signatures of all the inventors or assignees of good of the entire interest or the presentative(s) are required. Submit multiple forms if more than one signature is required, see below:								
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